

# Relocation Eligibility Report

Project Title:	Parcel No.:
----------------	-------------

There are persons and/or personal property that will be required to move from this parcel as a result of its acquisition. Complete information below and transmit **immediately** to the Region Relocation Supervisor for Processing.

The date of **Initiation of Negotiations** \_\_\_\_\_

Name / Address / Telephone	Date Parcel was First Occupied by this Person or Personal Property
Owner(s):	
Tenant(s):	

**Note:** An Occupancy Survey must be completed for each party named above.

Relocation Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Relocation Specialist \_\_\_\_\_ Date \_\_\_\_\_

Negotiator \_\_\_\_\_ Date \_\_\_\_\_

Date to HQ \_\_\_\_\_